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First Named Inventor	ROBINSON, Cynthia B.
Group Art Unit	
Examiner Name	
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

To: Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313 I hereby apply to withdraw as attorney or agent for the above-identified patent application. The reason for this request is: Current counsel (Albert P. Halluin) is relocating to Wilson Sonsini Goodrich & Rosati, PC. Please direct all future correspondence to Mr. Halluin's attention at the address below. The correspondence address in NOT affected by this withdrawal. 2. A Change the correspondence address and direct all future correspondence to: **CORRESPONDENCE ADDRESS** Place Customer Number **Customer Number** Bar Code Label here OR Firm or Individual name Wilson Sonsini Goodrich & Rosati, PC (Attn: Albert P. Halluin) **Address** 650 Page Mill Road City Palo Alto CA ZIP 94304-1050 State Country USA Telephone 650-493-9300 Fax 650-493-6811 This request is made on behalf of myself and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 27194 This request is enclosed in triplicate (including any attachments). Name Robin C. Chiang, Reg. No. 46,619 Signature Date May 14, 2004 NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.